MEDICAL MISSIONARY

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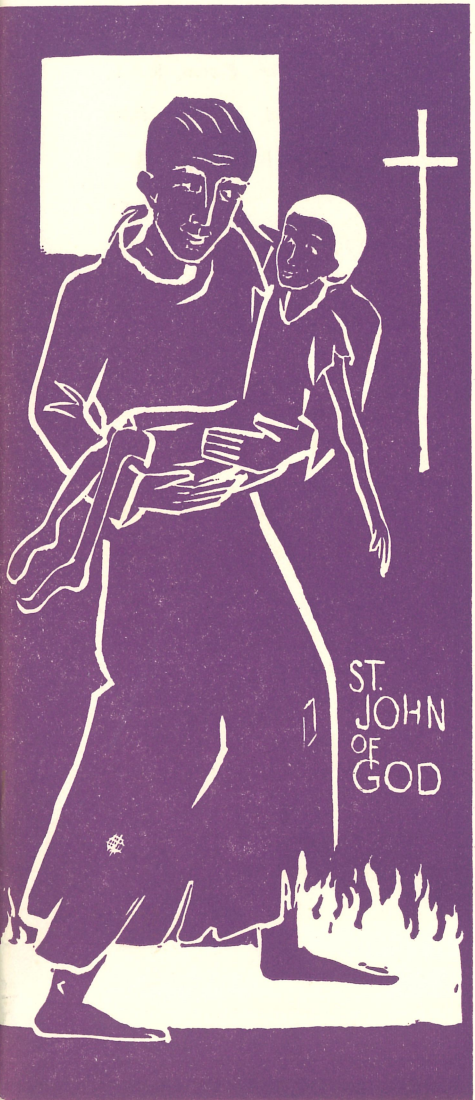

MARCH - APRIL - 1955

THE
MEDICAL MISSIONARY

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Flame of Charity

Sr. M. Angelica, S.C.M.M.

ST. JOHN OF GOD is a modern saint, a Forerunner of our Modern Social Services. He laid the basis of a charitable work which has already lasted over 400 years and has spread throughout the world. His reforms based on charity covered all fields of modern hospital problems of today, (excepting insurance) ranging from patient care, staff, nutrition, hygienic principles, to maintenance. No wonder, St. John has been proclaimed HEAVENLY PATRON OF THE SICK AND THE DYING, NURSES AND HOSPITALS.

John of God lived at a time when the modern world was emerging from revolutions in many fields — religion, with Luther's revolt, communication arts with the advent of printing, discovery and colonization of the Indies, the Americas, Africa. It was an age when men were violently *for* or against the Church; an age of reform in the Papacy and the foundation of new religious orders; St. Ignatius Loyola founded the Jesuits; St. John of God founded the Brothers Hospitalers giving a new impetus, a new concept to work among the poor sick in an age that needed reform.

Born in Portugal on March 8, 1495, St. John lived most of his life in Spain. As a young man, in the Spanish army he drifted away from his Faith; but eventually a fall from a horse (which reminds one of St. Paul) was the beginning of his conversion. He spent 12 years in the most austere and heroic penance, so much so, that certain people accused him of madness and for a time he was confined to an insane asylum.

Appalled by the treatment of the patients, and the shameful neglect of the sick, John stayed on two years at this hospital as a nurse. It was during this time that John's vocation to dedicate his life to the sick poor came to him.

Far in advance of his times, he saw that if a Catholic Hospital is to fulfill its function it must provide treatment for body and soul. Man is not just an animal. It is not sufficient to heal his body. His soul may need healing too. It is not enough either, to provide a chaplain — the whole atmosphere, the whole staff needs to be impregnated with the charity of God. To John, as McMahon explains in his book on the saint, the care of the sick and nursing was not just a job but something higher, almost a priesthood. "Just as the priest holds in his hands the Body of Jesus in the Mass, so those who

minister to the sick, wash, feed bandage and soothe the pain of the Body of Our Lord."

It is true that institutions for sick were not lacking in Granada and elsewhere. The rich could obtain treatment; the poor only in small numbers and then they found the care inadequate, charity cold and hygiene non-existent. The alms given by charitable persons, the Church and the State, were too often used by greedy administrators for their own benefits. John was a daily witness of this in the hospital where he was working and a daily witness of the misery of the sick and the poor. In his own limited way he determined to help them — he decided to found his own hospital.

John, the hospital administrator, set up a number of innovations in his first hospital, an ordinary dwelling house. He provided transportation for his patients. No ambulances in existence, he carried them on his own back to the hospital. He washed his patients, although cleanliness was not considered important in those days; he cleaned their rooms, he mended their clothes, he begged their food. The problem of maintenance was a big one but he solved it without a press campaign or committee meeting. In the evening he would go about the streets asking, "Who wants to do good to himself?" Do good to yourselves, Brothers, do good."

He wanted the people to realize that in asking for alms for the sick and suffering *they* were being offered an opportunity of doing good to their souls. In Rome, even today, the Brothers of St. John of God, are known as the "Do Good Brothers."

Medical science of those days practised little segregation. Whether the patients were suffering from contagious diseases, digestive disorders, Tuberculosis, all were grouped together in the same ward. And what is still worse, several or more patients occupied the same bed. John, in his hospital, gave each patient his own bed.

So many sick and poor flocked to John's hospital that he became the Vincent de Paul of Granada. In one of his letters, he mentions, that his was a "general hospital" with ever kind of cases: the cripples, the paralytics, the lepers, the deaf and the dumb, the insane, those with skin diseases, old people and children, pilgrims, and even vagrants. John provided relief for all whom he found in need. Once when the Royal Hospital in Granada was on fire, John alone, entered the burning building, and worked amid the flames for half an hour rescuing all the patients.

When he founded his first hospital, John of God was already in his forties. He labored unceasingly for the next ten years, founding more hospitals and building up his own community of Brothers Hospitallers who would carry on his great charitable work.

His last testament to the Brothers was to exhort them to see in the sick and the poor the Person of Jesus Christ. He knew that there could be no real love of neighbor without love of God. Philanthropy, the charity which the world holds up may be admirable for efficiency and order but it can never see in the poor man the representative of Christ.

May St. John of God obtain for all of us, engaged in the battle against disease and human misery, the grace to "SEE CHRIST" in our patients. To make this the goal in our modern methods and professional standards, to be permeated, set afire, with that same FLAME which so consumed him.

PUNJABI DIET and OSTEOMALACIA

Mother Anna Dengel, M.D.

SINCE 1927, the Medical Mission Sisters have maintained a general hospital in Rawalpindi, a city located in the northern tip of West Pakistan. At first, the hospital was mainly for women and children, but since 1950 when it moved to more spacious quarters in a new and modern building, it has catered to men as well. This has not changed the fact that women are its first concern. Rather the partition of Pakistan from India has augmented this claim. Partition took away the Sikhs and Hindus, and left behind in Pakistan, the Moslems. From time immemorial these women have lived in strict seclusion and even now they are still hesitant to come for medical care, unless they are assured that the hospital is "purdah," that is, that they will not be seen or examined by men doctors. Holy Family Hospital with its Sister doctors, has gained a reputation as a woman's hospital, and annually thousands of these "purdah" ladies come to its doors.

This custom of "Purdah" creates serious nutritional problems, such as OSTEOMALACIA. While in other countries, except perhaps northern China, adult rickets has almost disappeared, in Pakistan it still causes untold suffering and an unknown number of maternal and infant deaths. The crippling effects of osteomalacia — calcium and vitamin D deficiency can be seen daily on the wards.

First of all, let us study briefly what this custom of PURDAH means. Purdah literally means "curtain." Its main rule is that women after the age of 12, whether married or not, may not be seen by men other than those of their own household: f a t h e r, brother, husband, and father-in-law. This means that women must live in quarters entirely separate from the men for even servants, in-laws, family friends, etc. fall under the ban. These quarters are naturally *behind* the men's apartments and have no windows to the outside, only 'roshandans,' air-vents, so high up that no one can look out. Ordinarily, in the better-to-do homes, the rooms will be built around a courtyard, which is then, also, "purdah," and set aside for the use of the women only. But in the poorer homes, especially in the crowded towns, there may be only one room, with perhaps a little roof-space, also curtained off. The door to these quarters is hung with a grass mat or piece of sacking, and any man coming to the door must knock or shout. Then an older woman servant, who is not in strict purdah, comes to the door, to inquire about his business.

**Condensed from paper given at Internat'l Congress of Catholic Doctors, Dublin, '54*

When the "purdah women" go outside their homes, which they do very seldom, they wear a long nightgown-like garment, which covers them from head to foot, and has a lattice-work piece in front of their eyes. They can see through it, but no one can see them. The sun cannot penetrate this.

Here is the reason why women living in a country where the sun shines 360 days of the year, are suffering from adult rickets or osteomalacia. It also explains why the men and children, with rare exceptions have escaped this disease, and why the poorer village women, who work in the fields, show none of its effects. Purdah and osteomalacia go together. The one will not disappear until the other dies out.

Purdah creates a serious problem primarily because it prevents access of sunlight to the skin. This source of Vitamin D is a most important one in the Orient, because the diet is always on the verge of deficiency in both vitamins and minerals. Perhaps it would be best to discuss the diet of this area, the Punjab, first of all. It is simple and stereotyped. The women, having little knowledge of the science of nutrition, and being profoundly uninterested in the eating habits of other people, stick to the old ways and produce practically the same meals, day in and day out. Breakfast consists of tea, and chappatties, a dry pancake made of wheat flour and water, usually fried in a dry pan, sometimes cooked in oil or vegetable fat. The noon meal features the same chappatties, plus a highly spiced stew of meat or vegetables, again cooked in ghee, the common vegetable fat. Ghee is really clarified butter, but only the very rich can afford to use it. At the evening meal there will be the same menu occasionally varied with eggs and rice, and often with "dal" (lentils) added. Sweets are eaten on special occasions, and fruits only when in season. The wealthy and those who can afford to keep cows or buffaloes, will usually have milk and various dairy products: lassi (buttermilk), dahi (curds) and butter. But for the middle classes as well as for the poor, milk is too expensive.

It will be seen from this that the Punjabi diet is adequate, at least in theory. The men and children when they are in good health, show no clinical vitamin deficiencies, not even rickets. If for any reason the full diet is not taken, or if the demands of the body are greater than usual, as for a woman in pregnancy, dificiencies occur with startling rapidity. Many purdah women have a poor appetite due to the lack of exercise and fresh air. The men and children eat first, the women take what is left. Like good mothers the world over, the best goes to the husband and children. Perhaps the worst feature of the Pakistani diet is the fact that there are no substitutes. Unless one can eat curry and chappatties, one can hardly get a full meal or an adequate vitamin and protein intake. Even in the hospital it is very difficult to persuade the women to eat new and strange dishes, no matter how simple and plain. So any protracted illness, any period of limited food intake, such as the first months of pregnancy, very soon causes vitamin, mineral and protein deficiency. This soon shows itself as osteomalacia, anemia, vit. B deficiencies and general malnutrition.

It has been our experience at Holy Family Hospital that every

Punjabi woman bent over with Osteomalacia had five Cesarians at Holy Family Hospital.

osteomalacia patient whose diet was investigated, was found to have a strong aversion for milk, or an almost complete lack of it due to poverty. These women need to be taught and coaxed to drink milk, at least a quart a day. Without that, even the best treatment is unavailing.

The first symptoms of osteomalacia will usually be backache. Then pains in the legs and hips follow with weakness, stiffness, and generalized aching. Soon the lower spine and pelvic bones begin to show deformity and the woman acquires the characteristic "waddling gait" of osteomalacia, which to an experienced eye will make the diagnosis at a distance. It has been estimated that as much as two-thirds of the normal calcium contents of the bones may be lost in osteomalacia. No wonder the pelvis, which bears the brunt of the woman's weight in the upright position, is the first to suffer. Its effect on childbirth can easily be imagined.

The havoc osteomalacia is working on the women in the Punjab may be shown by a few figures from our hospital in Rawalpindi. In the past four years, there were one hundred Cesarian sections performed in this hospital — an incidence of 4%. And among the indications for these operations, difficulties due to osteomalacia and rickets ranks first. Thus it may be said that calcium and vitamin deficiency are the chief indications for Cesarian section in this area. If an adequate diet and enough sunlight were generally available fifty per cent of them would become unnecessary.

No one has tried to estimate the amount of suffering and fatality that is caused by this disease. Few women are lucky enough to get to a good hospital at the first sign of trouble during childbirth. Most of them suffer at home until a dead baby is born, after days of agony. Prenatal care is still rare in Pakistan. Most people live in villages, far removed from modern medical care. Only when major trouble develops, when life is actually threatened, will most villagers face the long and expensive trip to the city hospital. No one knows the number of women who suffer and die in silence, who never reach the hospital.

One can only hope and labor for the day when the women in purdah will turn their faces to the sunlight which would change their lives, both physically and mentally.

The character of this Muslim gentleman shines in his face.

ROSY

TODAY, I am one year old at Holy Family Hospital. Would you like to know how it feels to have passed 365 days in a new land, among a new people, under strange and different circumstances?

I landed in Rawalpindi on a Saturday night, the feast of the Immaculate Heart of Mary, just in time to receive the Lord's blessing at Benediction. Some of the Sisters had come to the Station to meet me and as we drove up the hospital road, the big bells in the tower rang out a welcome I shall never forget. It was almost as warm and heartening as the handclasps and smiles of the Sisters and staff standing at the front entrance. One said, "Welcome to Holy Family" and another "Welcome home," and that it truly was from the very first day.

Roughly speaking, the year falls into three divisions. The first few months were ones of introduction and, more or less, kaleidoscopic. Everywhere I looked I was seeing strange and colorful pictures, scenes changing in rapid succession, new faces, new customs, new country — babies with chubby, brown faces instead of pink-cheeked, white ones; teen-agers dressed in loose, full trousers and printed chemises instead of skirts and sweaters; men in high-riding white turbans instead of 5th Avenue Stetsons; horses and buggies instead of cars; buffalos instead of cows; narrow, winding streets lined with tiny, dusky shops instead of wide boulevards and super markets. I found myself looking and staring, ooh-ing and ah-ing, smiling to myself as storybook characters and settings came to life. I made a trip through the Khyber Pass, watched the "eternal snows" melt on the caps of the Himalayas, saw the waters of the Indus and Kabool mix and go their way. I ate rice and curry instead of hot dogs; slept on charpois instead of inner spring mattresses, picked Guavas and Loquats instead of apples and cherries, sat under the shade of palm and mango trees instead of maple and oak. It was all new and exciting and the months slipped into Pindi's "Winter" before I had hardly been introduced.

Winter in this land which I had always supposed to be one of sun and warmth proved quite a surprise, and the season coincided more or less with the second division of my first year. Actually, the temperature never even compared with some good, ol' Wisconsin winters, but the lack of proper

DAYS AHEAD

Sr. *M. Pierre*, R.R.L.

heating facilities made the cold much more keenly felt. And these were the days when, although the people and land still charmed me, I knew a little more what to expect and the strangeness and excitement of it all wore a bit thin. Then, too, I was running into that great barrier which had to be hurdled before I could count myself a real missionary — the language. To stand face to face to people who were to be *my* people, hear them talk and yet not understand them, this was my plight during these months. I had a good teacher, one who understood English and Urdu well; daily I heard Urdu spoken around me, but still I had to pass through slow, painful months of grammar and vocabulary practice before I felt at all at ease with my new tongue. At times it seemed that I would never learn Urdu, and the future looked rather bleak. To add to this sad state of affairs, it was just at this time that I brushed against two of the East's "souvenirs" — malaria and amoeba. Lying in a hospital bed with a temperature soaring to 105° F., life can seem puzzling indeed. I was not unhappy, never that, but I was running into that "challenge" which everyone had spoken of in such glowing terms before I left the States, and the "glow" was hard to find!

And then suddenly, it was all over. Winter had passed into warm, summer days; Urdu, while far from being a "mother" tongue, was, at least, less of a puzzle, and I could carry on a limited conversation. Even the amoeba and mosquitoes took a holiday. These were the last months of my first year. Because I could talk to the people better, they ceased to be just "people" and became "individuals" with ideas and ideals to exchange, joys and sorrows to share, stories and experiences to tell. I found myself noticing how alike we were instead of all the differences that had struck me in the beginning. The color of their skin, the clothes they wear, the language they use are all surface things. Underneath is a body like mine, a soul like mine. For the body, here in the hospital, we have medicines and tonics, scalpels and needles; for the soul, here as everywhere, there is kindness to be shown, a smile, an offer to serve.

A one-year old missionary is still very much of a fledgling. I think it is safe to predict this much — future days at Holy Family will be strongly colored by the light of this first year's experiences and impressions, which means *rosy* days ahead!

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Novice in our South Indian Novitiate, Kottayam.

A CHICKEN for ST. GEORGE

Sr. M. T. Anne, R.N.

IT is about this time of the year, that our neighboring church here in Bharananganam, celebrates the feast of St. George. St. George is invoked for protection from snakes, and here in every house one chicken will be for him.

Every year on the feast day of St. George one can see hundreds of chickens being carried to the church. They are kept in a big room, and when the feast is over they will be auctioned. St. George's chickens get a good price as they are good fat ones.

Though the priest often tells the people to give money to the church, instead of carrying the chicken from distant places, yet, they like to give *chickens* to St. George.

This custom "a chicken for St. George from every house" must have been started by our forefathers in olden times, especially in the hills where there were many snakes that stole chickens. In order to keep their chickens safe from the latter, they used to promise one to St. George. And once the promise of a chicken is made, there will be no snakes.

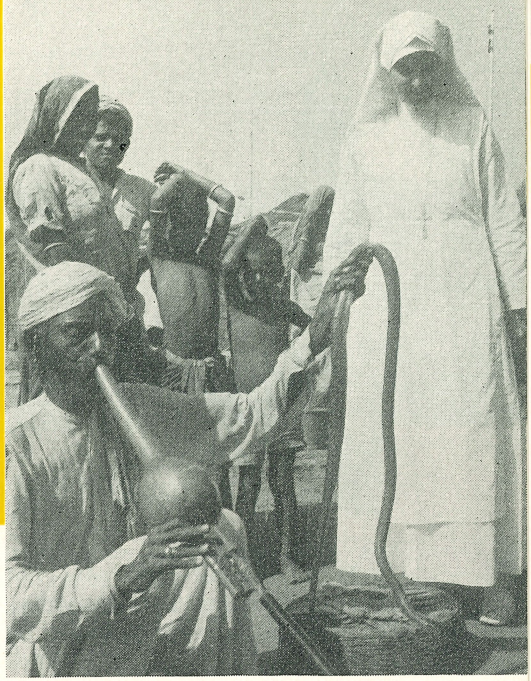
Some of the elephants are also kept under St. George's protection. Every year, they too, are brought to the church on the feast day. They will be lined up along the river bank, near the church. When the procession is over, that is about 2 P.M., the elephants come in turn, genuflect in front of the statue of St. George (which will be kept outside the church for them on that day) and put money in the money box.

St. George will send snakes after thieves. When something is stolen, if we offer a Mass in honor of St. George in the church dedicated to him, we always get the things back. Usually, the thief will meet snakes wherever he goes, and being frightened, will give back what he stole. After frequent warnings, if he does not return the things, the snake will bite him, and he may not recover.

From our childhood we are taught to pray to St. George every day. Non-Catholics and Hindus, too, have devotion to him and to St. Sebastian, the patron of those suffering from contagious diseases. When we have an epidemic of cholera, or smallpox, the statue of St. Sebastian is carried in procession around the town. Every one in the town, regardless of caste or creed, takes part in the procession and the spread of the disease is arrested.

Delhi Diary

Sr. M. Charles, R.N.

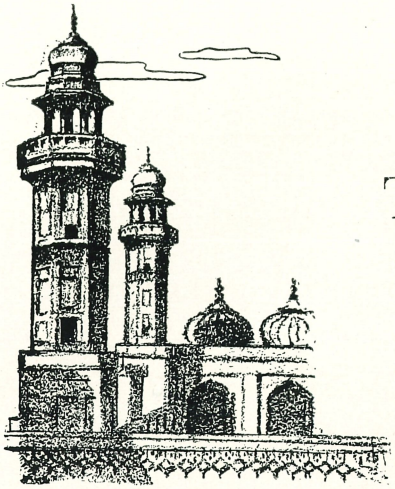


Sr. M. Charles, R.N., watches a snake charmer.

TRAVELLING by bus is when you really get into the midst of the people. While waiting for it, many people stopped and asked me questions in Hindi, most of which I didn't understand. They wanted to know where I was going, why I didn't take a taxi, or could they have a job in the hospital? Some of them had a stack of water jars on their heads but they stopped and talked as if they had no load. When I changed buses I was in the midst of a little village and it was a big Sikh feast day, Guru Nanak's birthday, one of the founders of their religion. Bands were playing, and trucks filled with singing people passed by — all decorated. Then I saw a strange dance. With drums beating, men were dancing around in a circle shouting a song and with each forward step they would turn and go back. At the same time each held two sticks and would strike the man's sticks in front of him and the one in back of him, so that you chould hear the rhythmical noise from all the sticks hitting at the same time.

The annual meeting of the Trained Nurses Association of India, was held at one of the city hospitals and Sr. M. Clare and I attended. They discussed the Five Year Program which is the plan for the entire economic health and social improvements to be carried out in the next five years by India. Nursing has had to toot its horn to be heard amongst all the other fields but they think it will be heard. The biggest aim is to put Public Health Integration into the schools of nursing. Their meetings have scope as wide as any American Nursing meeting and they really are trying to improve the Nursing service, putting more personnel on the wards, more theory in the curriculum and more supervision of students.

Last week we had a call from a veterinarian in the city. He has a wealthy Hindu friend who *had* a Fowler's bed which he was not using. So now we have *one* real bed for the hospital. We ourselves use the *charpois,* native string beds, without mattresses. They certainly are cooler in the heat.



THE CHURCH IN PAKISTAN

THE birth of the new nation of Pakistan in 1947, brought the Church face-to-face with many problems. Here, as in anywhere else in the Islamic world, the Church is hindered by a huge theological hurdle: the Muslim rejection of the Doctrine of the Trinity, which is so strong that it militates against belief in the Divinity of Our Lord. For the Muslim this is a stumbling block and scandal, since according to them this doctrine presupposes more than one God.

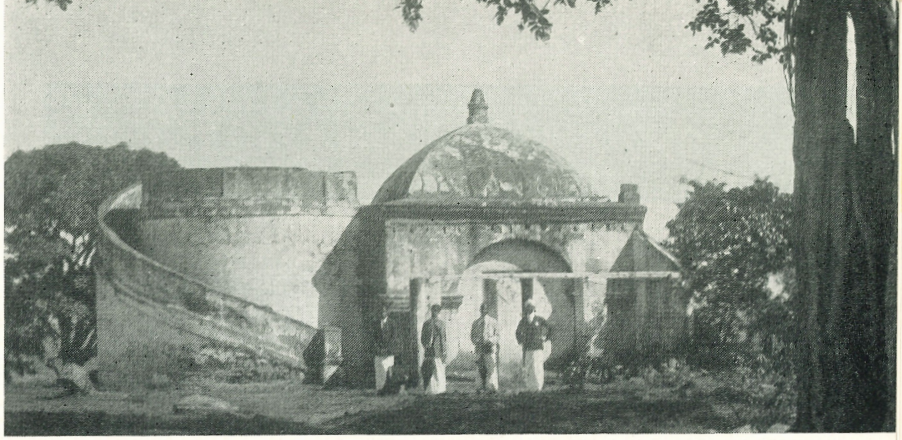
Another anxiety for the Church concerns schools and textbooks. Catholic schools are the most sought after in the country. But the insistence on the teaching of the *Koran* in Catholic schools is like a sword of Damocles, always threatening to descend. It is but natural too, that Islamic textbooks should contain passages that go counter to our Faith. Catholics are not bound to teach those portions to which they have a conscientious objection, but here is an official statement to prove how dangerous is the educational scene: "the aim of education is to acquaint the pupil with his duties and rights as a citizen, and to inculcate in him an appreciation of Islam, Islamic culture and heritage," and again, "the teaching of Urdu, etc. as the mother tongue will be confined to topics in Islamic ideology: lessons should be so framed as to inculcate in the child the *moral* and *social* spirit of Islam." (Ed. Syllabus, Karachi)

In the economic sphere, life for the Catholic minority is growing perceptibly harder. Government jobs are almost entirely closed to them. Then too, when the Muslim landlords took over from the Hindus, thousands of Catholics were driven from their holdings to make room for Muslims. All efforts to reclaim these so far have failed, and to escape starvation many Catholics have emigrated to urban areas to earn their living.

The picture is not entirely one of shadows. Foreign missionaries are free to come and go in Pakistan. And as regards medical work and care of the sick, missionaries have always been given freedom, help and cooperation. The veneration of Our Lady, is another bright spot in the picture, since Muslims believe in her sinlessness.

During the Month of March, pray fervently to Our Lady, Virgin Most Powerful who nourished the Infant Church in Jerusalem, to watch over and protect the Church in Pakistan and to cause her Divine Son to be known and loved in that land.

Fides Service



Watch tower, St. Thomas Mount, Madras

GONOPHERES' PALACE

MANY years ago a wealthy Hindu rajah, Gonopheres, wished to build the most beautiful palace in the world. He heard of a wandering Jewish architect and consulted him. The Jew assured him he could do it far above the Rajah's greatest expectations. Whereupon Gonopheres left for a year's journey leaving the entire treasury at the architect's disposal . . . much to the great advantage of the poor, the lame, the widows and orphans to whom the money was distributed. At the year's end the Rajah, enraged, planned to execute this scoundrel of an architect. The Rajah's dead brother appeared to him, however, and said, "Lo, this night I have been led to the most exquisite palace in paradise . . . yours, my brother, constructed by Thomas, the architect.

This little tale told by Dr. Harper to his wife, two children and me preceded our trip to St. Thomas' Mount. Our first stop was the tomb of the Saint lying beneath a small altar in a crypt centered in the Cathedral San Thome, Mylapore.

Shen, our Hindu driver, dismally claimed it was a two and a half mile climb up the mount to the site of St. Thomas' Martyrdom, so I set my teeth for a penitential pilgrimage. Actually it was about ½ mile, up brick stairs.

The main altar on St. Thomas' Mount is on the spot where the Saint is traditionally known to have been martyred as he knelt praying before a carved stone crucifix. It would seem that the Apostle who would solve his doubt by putting his hand into his Risen Lord's side was destined to have his own side opened with a lance.

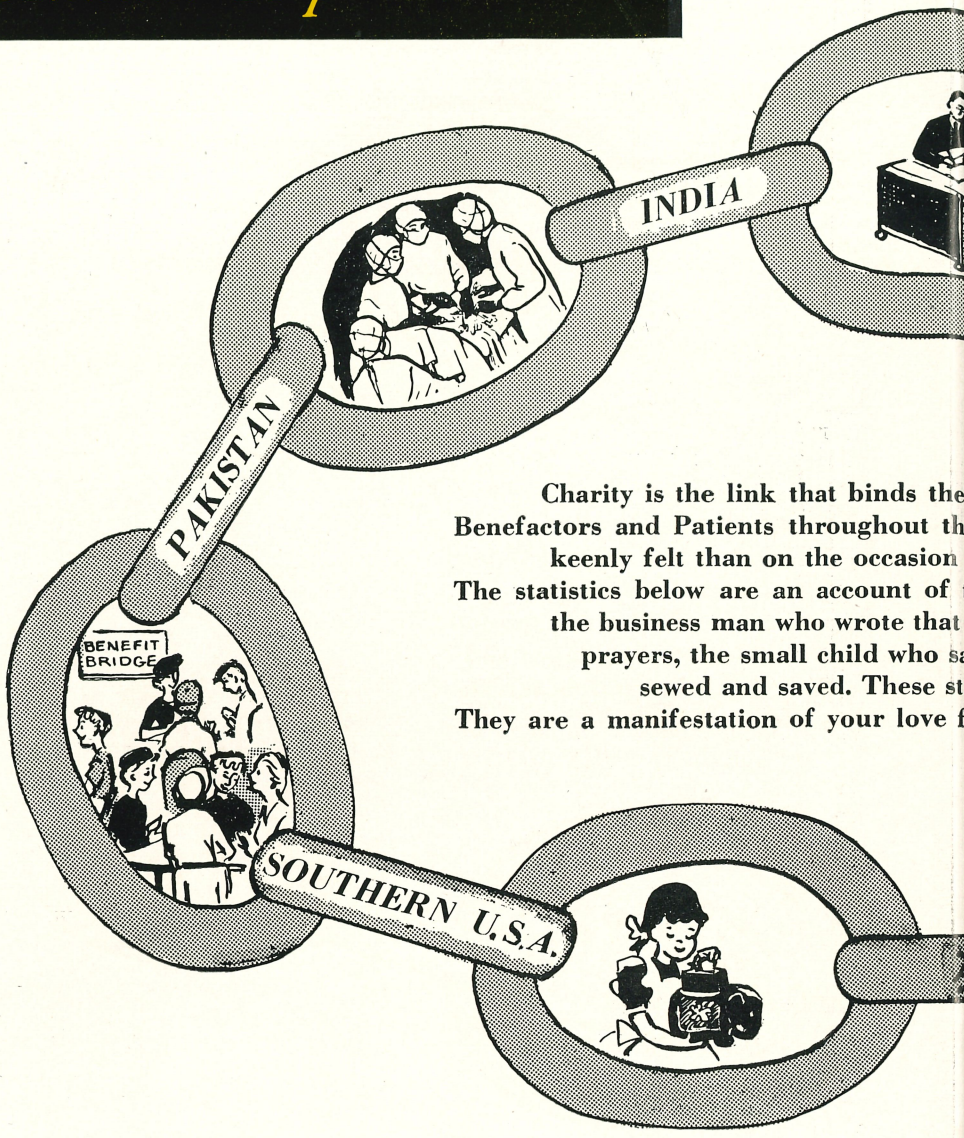
This "Bleeding Cross" of St. Thomas was accidentally discovered by the Portuguese digging the foundation for a church on the hill, and now stands on the small main altar above the tabernacle. An ancient Persian sanscrit inscription arches over it, and a dove with outstretched wings is touching the top of the cross. In the past, the "Bleeding Cross" has sweat water which turned to blood.

Another precious item forming the door of the tabernacle is a delicate painting of Mary and the Child Jesus painted by St. Luke, tradition tells us, and carried to India by the Apostle Thomas. It is painted on a light wooden plank a foot and a half square. The colors used are an unusual deep rose-red and dusky blue with gold.

On my way down I met yet another pilgrim in prayerful ascent, a leper, his two hands, with fingers missing, joined in prayer.

Sr. M. Angela, R.P.T.

Annual Report — 1954

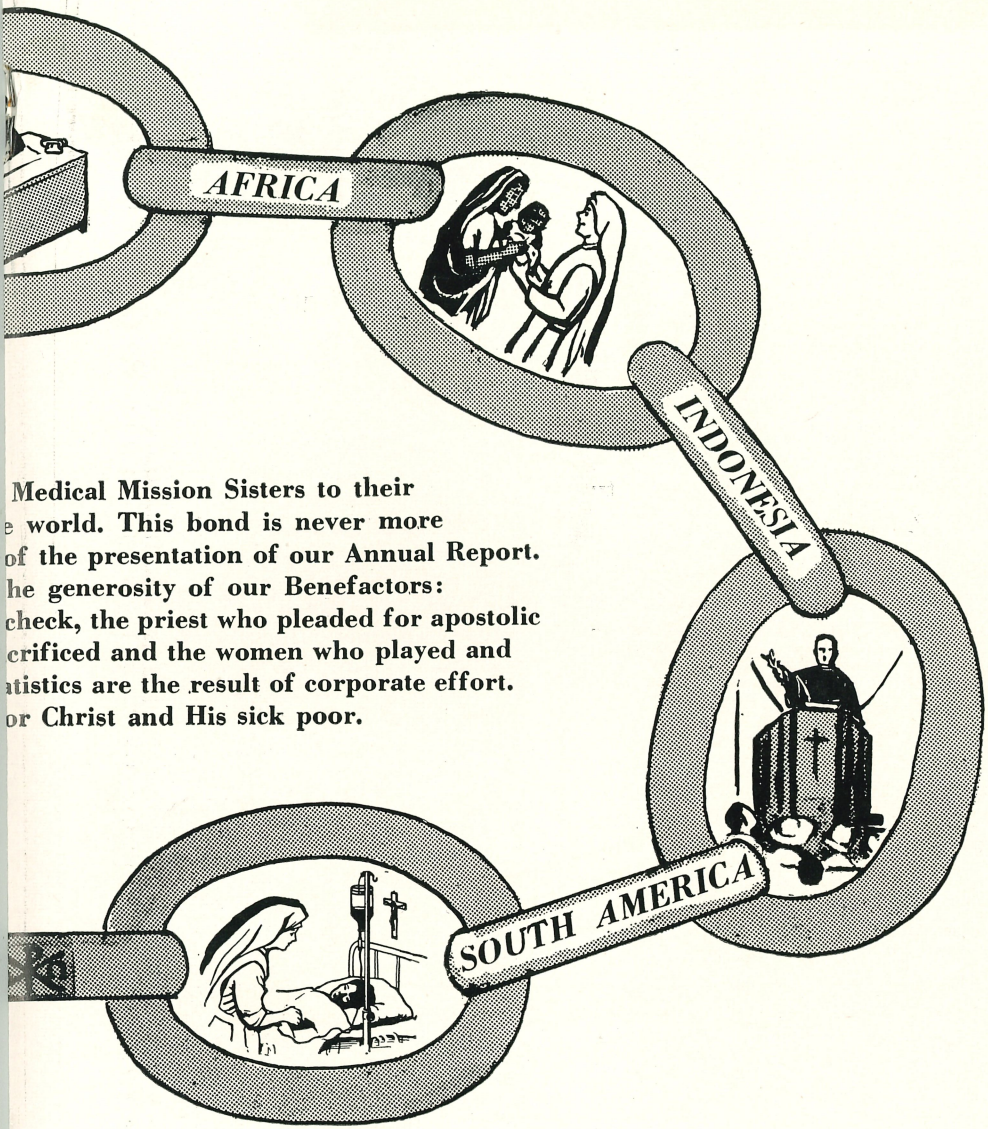


Charity is the link that binds the
Benefactors and Patients throughout th
keenly felt than on the occasion
The statistics below are an account of
the business man who wrote that
prayers, the small child who sa
sewed and saved. These st
They are a manifestation of your love f

In-Patients 50,884 — Out-Patients 354,404 — 10,384 Operations (2,5

In 18 Medical Mission Centers in Africa, Indonesia, Pakistan, India, South America, and Southern United States —

405,288



Medical Mission Sisters to their
e world. This bond is never more
of the presentation of our Annual Report.
he generosity of our Benefactors:
check, the priest who pleaded for apostolic
crificed and the women who played and
tistics are the result of corporate effort.
or Christ and His sick poor.

major, 7,863 minor) – 7,360 Babies Born – 275 Student Nurses & Midwives

Patients Cared For.

NEW AFRICAN DISPENSARY

Sr. M. Laetitia, R.N., directed the work.

WHAT is that? It was the nearest thing to a fog horn that I had heard since I left the New York Harbor. Afraid I would miss something I hurriedly shook the red dust that had collected on my clothing during my 60 mile trip from Berekum to Techiman . . . and made my way to the vicinity of the "weird sounds."

I could hear the talking drums announcing that the chief had arrived to lay the cornerstone of Holy Family Dispensary in Techiman . . . And the blowing of the chief's horn is the official announcement of his approach. Philadelphia's subways were a good preparation for me as I edged my way through the crowds and at last, none the worse for my struggles, I was being introduced by Sr. M. Laetitia to the Chief.

Over the sound of the tom-toms I could hear voices raised in song. Was this another chief coming up the road? Yes, indeed, a chief in a greater sense of the word, for this was the Bishop His Ex., the Most Rev. A. Bronk, Bishop of Berekum, in the African Gold Coast, and he was escorted by the Catholic school children. The purple of the canopy and the priestly robes were a colorful sight against the blue of the afternoon sky.

Figures can give one a vague idea of the need of medical aid here, but the gratitude shown by the people on an occasion like this is more graphic than figures. The Techimanhene (Chief of Techiman) was taking advantage of the opportunity to speak to his people. With my poor command of Twi, I could not follow what he was saying, but luckily he had an interpreter. Waves of approval passed over the crowd as he spoke of S. M. Laetitia's work, who is in charge of the foundation. You could tell that they knew a great need was being filled.

His Excellency, the Bishop, emphasized, before he blessed the cornerstone, that the work done on the grounds would be for the people, and his blessing was to ask God's blessing on the work. In simple and forceful language, he explained the futility of the work of man without the help of God.

Although I had been told that everything "goes on the head" in Africa I still find myself being taken by surprise. Recently, I had brought two nurses with me to the nurses' home to help carry a mattress to the hospital. I pointed out the stack of mattresses to be transferred and explained what to me seemed a very simple procedure of carrying mattresses between us. No sooner said, than each placed a mattress on her head and was off to the hospital. Two people for one mattress seemed ridiculous to them!

—Sr. M. de Monfort, R.N.

What's New in the MEDICAL MISSION WORLD

Sr. M. Daniel, S.C.M.M.

THE GEOGRAPHY OF FOOD

Western Europe covers 3 per cent of the earth, has 15 per cent of the population and produces 32 per cent of the world's foodstuffs. North America has 12 per cent of the land, 6 per cent of the people and 25 per cent of the food. In Africa we find 25 per cent of the land, 6 per cent of the people and 3 per cent of the food. But in Asia the percentages are 10 for land, 45 for population and 17 for world food production.

FOA experts agree that "malnutrition is still the most acute problem in Asia and the Far East." This influences health, productivity, the spirit of cooperation and the tone of social life.

Social Action, Nov., 1954

QUALITY VS. QUANTITY

The practice of medicine in India is complicated for qualified doctors by several other groups of practitioners:

a) Vaids practicing Ayurveda, the "science of life" of ancient India. They prepare medicines from herbs, plants, minerals and other sources. At one time there was Ayurvedic anatomy and surgery.

b) Hakims practicing *Unani,* or Arabic medicine. This began when Islam invaded India. Dissection of human bodies for purposes of learning anatomy became taboo.

c) Grandmothers, mothers, aunts and daughters using so called home remedies.

d) Quacks, fakirs and sadhus.

Most homeopaths in India belong to this latter group. They number about 300,000 or half the total 600,000 practicing some form of medicine. Quackery flourishes in India because of the poverty of the people, lack of education, faith in age-old methods and expense of modern medicine. These conditions make the situation for the 60,000 qualified doctors very bad.

Dr. S. C. Sen,
World Medical Journal, Nov., 1954

DESERT CALLING!

When Dr. D. K. Lindsay was WHO Public Health Advisor to Libya, he found three main disease problems: diarrhoea among infants, eye diseases (especially trachoma) and tuberculosis.

The Libyan Government spends 10 percent of its budget combatting public health problems. That is not very much in a country where the average income is $35.00 a year. But an effort is being made to raise living standards by increasing production with the help of private enterprise, the UN and FOA.

These projects are all linked because many people are too poor to buy soap and even then do not know the principles of hygiene. The low standard of education prevents Libyan girls from studying nursing. Those who could are prevented by the prejudice about nursing being an unsuitable occupation for educated women.

WHO Newsletter, January, 1955

CHITS

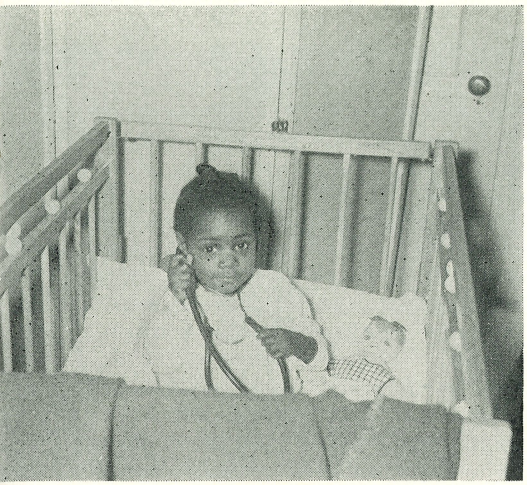
RAWALPINDI

A Dr. Stuntz is Director of Church World Service (Protestant) in this area. Through his recommendation, we have received vitamin tablets, sulfa drugs, etc. The week before Christmas he sent us 18 bales of clothing. Five bales were used hospital linens, towels, curtains, sheets, blankets and quilts. Best of all, two of the bales contained overcoats for men, one bale of men's suits, two bales of women's coats, two bales of women's warm suits, and one bale of children's clothing.

We started giving it out the week before Christmas. First, without announcing it, we called in all the shivering people who come here very morning for free milk. We took them into the waiting room of the Out-Patient Department. Sisters M. Pierre, Martha and myself, supervised the bringing of the people in and out of a small room where Sisters M. Elsie and Bernadette "dressed up" the women and children in warm clothes. The next day a mob collected at the gate demanding clothing. When we explained to them that there was no clothing left, they dispersed without any trouble. The very next day more clothing arrived. We were afraid to make any public distribution, fearing the crowd might get beyond our control. One cannot blame them. They are in such extreme poverty in this biting cold weather. We therefore gave it out quietly and quickly to the poorest of our in-patients, out-patients, our own workmen and their wives and children. The Sisters took armfuls of clothing to their departments, to have ready when they spotted a poor person. It did not take long to finish the second lot also. We have heard that N.C.W.C. is sending a supply and perhaps our good friend Mr. Stuntz may send more.

Sr. M. Dolores, R.N.

Warm clothing brings smile to these poor children's faces, Rawalpindi, Pakistan.



Dianne listens to her "telephone." (Atlanta, Ga.)

GEORGIA

Last Friday we had a little boy for an operation. His mother is dead and his father is in prison. The solemn look on his face was etched with an awareness of suffering and privation. He told us when he came in that he wouldn't mind anything we did as long as he received a pair of skates for Christmas. This was the last thing he said before he went under anesthesia. The anesthetist left the money for Tommy's skates and that afternoon Sr. M. Terence went over to Sears to buy the skates. When Sister returned she gave Tommy one peek at the skates. All was well from then on.

—Sr. M. Jacob, R.N.

KARACHI

Not long ago we saw a donkey up in the air. Really! His two-wheeled cart had been loaded wth just one pound too many. It tipped backward until the rear end rested on the ground, which left the poor donkey suspended in the air, swinging from the shafts by his harness straps. All four hoofs were going madly, seeking the good earth. Poor fellow! He had no heavenly aspirations.

Sr. M. Roberta, R.N.

MYMENSINGH

All around us right now are rice fields ready for the harvest. Most of the farmers planted rice this year instead of jute, as the price of jute is low.

Tropical flowers like the butterfly flower, marigold, gummanselas, etc. keep blooming here but wither with the setting of the sun. Cocoanut palms, bananas, papayas, jackfruit abound. We have a flower that is white in the morning, turns light pink towards noon and dark pink at sunset. It is called "mapola" in the Philippines.

—Sr. M. Perpetua, M.D.

PARE-PARE, MAKASSAR

We are already starting with the new addition. The Pastor blessed the ground on October 20th and twenty or twenty-one workmen began to level the ground. It is all very expensive and there is a great lack of competent men in all trades. First they are building 6 wards. We also need a dispensary, a delivery room, and private rooms. The pastor assures us that we will get all of this in due time — a real maternity home . . . plus the others, making a small hospital.

The place is so small now, that the patients all know us. They know when we are praying, eating, etc. One evening at recreation a patient entered the room and sat down at the table with us, because she wanted to *laugh with us.* So it all has its pleasant side.

—Sr. M. Elizabeth, R.N.

MOVING DAY

Sr. *Ignatius Marie*, S.C.M.M.

IN somewhat similar plight as The Old Woman Who Lived in a Shoe, we have been wondering where we could put the fourteen babies in our Nursery to give them more room.

In the missions, things often serve purposes other than the one designed for them. So the building put up to house the new generator to come will for at least the three months of the hot season give adequate space to the babies. And are they thrilled! The older three, disturbed apparently by their memories of Hira's recent departure home with his father, were very unhappy when they saw their beds and clothing being moved.

"Nahin jana mangta," sobbed Peter as he clung to Sister Pius's skirt. Paul, Bardon, Bakridan and Sukri were all ready to join the wail when Sister Pius, leaving her packing, sat down. In a twinkling they gathered about her and listened attentively to her story of how every one, the fourteen babies, the nurses and Sister herself were leaving this house, going into a new, larger building.

At once their troubles were forgotten and they were at the other extreme of exuberant happiness, getting under the nurses' feet and in every one's way. Finally Sister Pius gave the older ones the task of transporting their toys to their new abode. Since each was allowed to carry but one toy at a time and there were innumerable distractions en route, they were no longer an obstacle to progress.

Sr. M. Colette, R.N., and Sr. M. Barbara, M.D., welcomed the babies to their new nursery.

Suddenly a new fear came into Bardon's little head. He held a discussion with Peter, Sukri and Paul. They all seemed bewildered and stood still as if unable to think while moving. Finally Bardon put his toy down carefully in the middle of the path and came slowly back to Sister Pius.

"Does Sister Barbara know our new house?" he asked. "Will the Doctor find us there?"

Fully comforted by Sister's firm conviction that not only Sister Barbara but all the Doctors, Sisters and Nurses knew about their new house and would come to see them just as soon as the place was settled, he scurried away to spread the good news.

By late afternoon everything had been moved and the place was in

order. The eight who can stand by themselves had explored every nook and cranny. Their beds had to be put in the order they were accustomed to, as they would not rest easy if a different baby was in the next crib.

When Sister Barbara came to make rounds, she was almost mobbed. As usual they shoved forward a stool for her, but before she could be seated to look at their charts, they insisted on showing her the whole place. Of course they had not been in the building before, and they took it for granted that Sister Barbara had never seen it. Bakri and Sukhri tugged at her skirt in an effort to show her where their beds were, while Peter, Paul, Bardon and Bakridan were a steady chorus of "Dekho, Dekho" (look, look) as their chubby fingers pointed everywhere. Having properly admired everything, Sister Barbara was permitted to finish her rounds in peace.

Supper arrived at five, but it took a deal of coaxing to get the children to finish it. The high spirits, usual at meal time, were missing. Heads nodded lower and lower. Baths were quickly finished and if, after all the hustle and bustle of Moving Day, fourteen tired cherubs forgot their teaching and were somewhat muddled when they blessed themselves. I am sure the Baby Jesus understood.

MUSLIM AND CHRISTIANS CONVENE

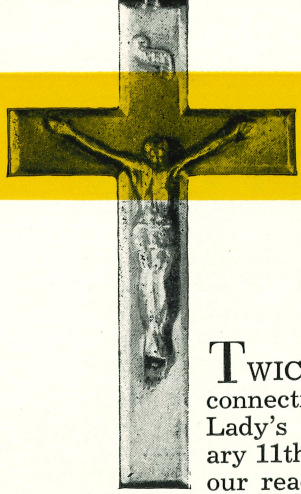
The first International Convocation of Muslims and Christian leaders in the history of the world was held last April at Bhamdoun, Lebanon, to discuss areas in which the two great monotheistic faiths could cooperate in meeting the challenges of atheism and materialism with which both are confronted. Almost 80 Muslim and Christian leaders participated in sessions lasting over six days. They came from 22 countries. Both Sunni and Shia Muslims were represented. Roman Catholics, Protestants, Greek Orthodox and Copts made up the Christians.

The convocation emphasized that since both believe in One God, there is a large area in which fruitful cooperation can be developed between the two faiths.

Notes on Islam, June, 1955

R. I. P.

Msgr. George Telford, London, Eng.
Rev. T. J. Love, S.J., Phila., Pa.
Rev. J. T. McBride, Immaculata, Pa.
Rev. Wm. M. Robinson, C.S.C., Notre Dame., Ind.
Mrs. Johanna Boeckmann (Mother of Sr. M. Xavier, S.C.M.M.), Knobel, Ark.
Miss Elizabeth Buckley, Phila., Pa.
Mrs. C. M. Corbett, Richmond Hghts., Mo.
Mrs. N. J. Cowles, Jamaica Plains, Mass.
Mrs. David J. Duffin, (Women's Aux.), Phila., Pa.
Mr. Gerald Dwyer, Phila., Pa.
Mr. Chas. E. Frick, (Men of Medical Missions), Phila., Pa.
Mrs. Anna Gentile, Morgantown, W. Va.
Mr. W. Hoolahan, N. Y.
Mr. T. Ingendaa (Father of Sr. M. Stephanie, S.C.M.M.) Oberhausen, Ger.
Mr. Ed. C. Johnston, Oconomowoc, Wisc.
Mr. Michael Kannally, Oracle, Ariz.
Mrs. Wm. E. Kricker, Balt., Md.
Mr Gustave Kunzler, N. Y.
Mr. John Paul Lavelle, Avon, Mass.
Miss Annie McGrattan, Belfast, Ire.
Miss Alice McNamara, Cincinnati, O.
Miss M. Virginia Merrick, Wash., D. C.
Miss Mary J. Mooney, New Haven, Conn.
Mrs. Mary Mulroy, N. Y.
J. K. Schuster, M.D., Mil., Wisc.
Mrs. Rose Virbukas, Brooklyn, N. Y.
Mr. Matteo Zagami, So. Ozone, N. Y.



MYSTERY OF

TWICE each year, in connection with Our Lady's feasts on February 11th and August 15th, our readers are confronted with two columns of names listing those Sisters who made first or final religious vows. Usually not more than this recording is made of our Profession Ceremony. Yet it is perhaps the most important news of the Society that we could report to you.

There is a story behind each name on that list — a mystery story which tells of God's grace and the unpredictableness of His Choice. Yesterday's novices have completed their preparation and as they approach the altar, pronounce vows and really begin their religious life there is that feeling, shared by all . . . "Is it really us?" . . . can it be that 'we' are to be 'professed Sisters' at last?" As the moment awaited for two years, draws near, there is apprehension about losing one's voice, or tripping over a new habit, straight pleats and correct posture. However, the peace of generous hearts lies deep. When vows have been spoken and the same lips that promised to be obedient, chaste and poor have tasted Christ's sweetness in Holy Communion one can hear the new conviction in their singing: "The Kingdom of this world and all its pomps, have I despised for the love of Our Lord Jesus Christ, Whom I have seen, Whom I have loved, in Whom I have believed."

Fathers and mothers may feel a twinge of sadness while they listen to their daughters giving away the life they gave to them but they also rejoice in the splendor of her gift to God.

The happiness of "those who made first vows" is infectious and full of enthusiasm. The entire community seems to share the joy of their wholehearted giving. Magnificats ring through the house and spirited Te Deums give voice to great gratitude for these newest members of our religious family.

"Those who made final vows" repeated the same formula as did their younger sisters with the exception of one word. One word made it different. "I make for LIFE the vows of obedience, chastity and poverty." *For Life,* the final effective giving that crowns the affective gift of one's self at first vows. "Those who made first vows" surely know what the vows mean, how they will shape and rule the actions of their lives; but "those who made final vows" have *felt* the pinch of detachment that poverty claims, *stepped* on their own wills in obedience and clung to Christ in the strength of their chastity. At final vows the triumphant happiness of those first promises gives way to a solemn silent joy, the "peace which is beyond understanding" which is contained in the heart of the individual Sister.

Because Our Lady's feasts on February 11th and August 15th,

are either the occasion of their first or final vows or the anniversary of them, Medical Mission Sisters, wherever in the world they are, celebrate them with great joy.

In the missions garlands grace the occasion and patients make serious little speeches while the hidden treasures of the house — like a cherished can of coffee — are brought forth to help in the celebration.

These two feasts of Our Lady come first to Our Sisters in Indonesia and as the hours progress, Pakistan, India, Africa, Holland, England, South and North America greet the dawn of Her day and the Medical Mission Sisters working in those countries each in turn, offer the gift of themselves to Jesus under the protection of Mary. And within the span of time it takes to celebrate a feast around the world, this unique tribute is made to Mary, and Our Society is closer and stronger and better prepared to serve Her Son.

This year on February 11th, here at the motherhouse, the Rev. Martin J. McDonough of the Society of the Propagation of the Faith presided at the ceremonies. The Rev. George Fischer, C.S.C. gave the sermon. Seventeen postulants received the Habit of the Society, 13 Sisters made first vows and six Final vows. In the missions seven Sisters made final vows, two first vows, and in England, six novices made first vows.

FIRST VOWS—PHILADELPHIA

Sr. M. Aloysius Schneider, M.T.,
St. Louis, Mo.
Sr. M. Angelina Alfafara, B.S. Pharm.,
Sr. M. Domitila Alfafara, B.S. Pharm.
Cebu, P. I.
Sr. M. Basil Luckey, Niles, Mich.
Sr. M. Carlos Hurtado, Los Angeles, Cal.
Sr. M. Celine Bernier,
Oakland Beach, R. I.
Sr. M. Cleophas Lasche, Cascade, Iowa
Sr. M. Jane Stanley, Middlefield, Ohio
Sr. M. Norbert Hummel,
Jeffersontown, Ky.
Sr. M. Laura Wolfhurst, Delphos, Ohio
Sr. M. Ligouri Ansel, R.T. x-ray,
Phila., Pa.
Sr. M. Roch Piller, Des Moines, Iowa
Sr. M. Yvonne Lachance,
Manitoba, Can.

FINAL VOWS—PHILADELPHIA

Sr. M. Andrea Serafini, R.N.,
Renovo, Pa.
Sr. M. Caroline Morgan, R.N.,
Milton, Mass.
Sr. M. Gerard Burns, M.S. Lit.,
Rutherford, N. J.
Sr. M. Jeanne Mance Marier,
Drumondville, Quebec
Sr. M. Rose Amsteen, R.N.,
Chicago, Ill.

FIRST VOWS—ENGLAND

Sr. M. Cajetan Major,
North Or., Middlesbraugh
Sr. M. Cuthbert Hellwig, L.L.B.,
Breslau, Sil.
Sr. M. Francisco Fernandes, M.B., B.S.
Bombay, India
Sr. M. Godric Coombes,
Bournemouth, Hants, England
Sr. M. Mechtild Hackl,
Bad Voslau, Austria

FIRST VOWS—INDIA

Sr. M. T. Dolores Kannampaya,
Sr. M. T. James Padavil,
Sr. M. F. Rose Clare Neelankavil
(All of Malabar, S. I.)

FINAL VOWS—INDIA

Sr. M. T. Luke Vilathumariyil, Comp.
Sr. M. T. Elizabeth Karikuzeil, R.N.
Sr. M. T. Cabrini Puthupallil, R.N.
Sr. M. T. Agnes Myladil, R.N.
(All of Malabar, S. I.)
Sr. M. Anastasia Doran, R.N.,
Jordan, N. Y.

FINAL VOWS—PAKISTAN

Sr. M. Joachim Harker, Belleville, N. J.
Sr. M. Pierre Blewett, R.R.L.,
Fond du Lac, Wis.

JUBILARIANS

Sr. M. Helen, R.N., and Sr. M. Therese, R.N. celebrated the twenty-fifth anniversary of their religious profession on December 21, at the Motherhouse in Philadelphia.

An interesting lecture at the Motherhouse. Rev. M. McDonough of the Society of the Prop. of the Faith and Rev. Joseph Sweeney, M.M. introduced Sr. M. Suzanne, Marist Sister who discovered the first vaccine against leprosy. Sr. M. Suzanne has had 25 year's mission experience. In her small laboratory in Lyons, Sister continues her research.

THE MEDICAL MISSIONARY

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AFRICAN TRILOGY

Sr. M. Julia, M.S. in L.S.

AFRICA has been the dark continent on two counts: it lacked the Light of Christ, and was shrouded in mystery. This is changing: Christianity has a beginning, and fruitful promise, and the ignorance concerning the vast land is being dissipated, and for those who will look, Africa is the hope of the nations.

Father Considine's AFRICA, WORLD OF NEW MEN is a competent and valuable survey of the Negro world, told with vitality and sympathy. Through 400 pages we are taken through the main regions of the Negro world, and see by historical anecdote, personal observation, and the words of the Africans themselves — what is their past, present and possible future. The Golden Stool, Mau Mau, polygamy, medical missions, mine boys, are all parts of the kaleidoscope.

A young African sums up the essence of these "New Men"; "to possess things — either of the old Africa or of the new — will not satisfy us, any more than merely possessing things satisfies white men. I think that we really yearn most to *be* something . . . we desire to be free from the world's disdain . . . we want to see . . . that we *deserve* to be free of Man's disdain. And then, as well, of God's disdain."

MISSIONARY IN SOUTH AFRICA (Blackfriars) relates Father Nicholas Humphrey's 25 years in the Transvaal, and is a *vade mecum* for future missionaries. The preface states that a missionary must enter intimately into his people's human lives and human difficulties. The first half of the book lays down the principles in dealing with *difficulties* of education, language, sickness, systems of marriage. Then follows stories of real people who strive with pathetic dignity to battle against indignity of economic and racial injustice. "In mission life you build up very slowly, and you can break down very quickly by want of humanity," and "The root of half the trouble with native peoples is their ineptitude for the things that matter in European civilization. The other half is preference for their absence."

Last, but not least, FIRST FRIDAY AT AMUZU by Father John Roche, C.S. Sp., (M. H. Gill) is a pearl among missionary memoirs and a delight from start to end. The scene is laid in Nigeria, but since the real interest is human nature, the book is of timeless appeal. The humor and humility of the author is striking. Also the absolute lack of racial distinction combined with his love for his home in Ireland. It is charming to have a good story teller relate his foibles and adventures in human relationships. Here we find too, a classic critique of the missionary vocation: a strange blend of routine, humor, the weird, the tragic, all blending in God's designs to weave a pattern through which the golden thread of Christ's mercy and love ever runs.

A little goes a Long Way

WHICH MISSION NEEDS YOUR HELP MOST?

Berekum, Africa

"Shoo-Shoo fly! Don't you bother me." . . . Patients will sleep in peace and safety if they have those precious mosquito nets. 24 needed ..... each $2.00

Bombay, India

..Music hath charms . . . and he who sings prays twice . . . needed . . . 1 doz. St. Gregory's Hymnals ..... each $3.00

Bharananganam, India

For teaching nurses . . . An Obstetrical Manniken would be deeply appreciated. Who will give a "mite" toward this necessary article in a very poor mission? $200.

Mandar, India

You won't be stuck if you give to Mandar's Hypodermic needle fund. Guages 18-19-21 and 24 needed.
1 dozen $2.50
B-D. Syringes for needles 1 dozen $20.00

Chettipuza, S. India

A village hospital "in the making." The Sisters need dishes, spoons, knives and forks, sheets etc. to set up housekeeping in their own section. Who will help these pioneers? Any donation welcome.

Mymensingh, Pakistan

Sister doctor will be able to see much more with a HEADLAMP.
Complete $18.95
Some tubes of Gartside Stain Remover will take those stains away.
1 dozen ..... each 25c

Dacca, E. Pakistan

What, is it still the yard line? Dacca's need for YARDS of unbleached muslin will keep the "Ladies Sewing Group" in Dacca busy making sheets, gowns, etc. 1,000 yards to go . . . Who will help us carry this item over the goal line. ..... 1 yard 58c

Rawalpindi, W. Pakistan

"We dread looking toward Spring and housecleaning," writes the Sister Superior. "Some of our mattresses in the patients' rooms are beyond survival. Who will help the Sisters make a poor patient comfortable?
At least 10 needed ..... each $20.00
Kitchen clock $5.00

New Delhi, India

800 plastic squares for wall light switches in the new hospital is no LIGHT item . . . Who will donate one, two or three? ea. 35c

Karachi, Pakistan

A Hemoglobinometer will help keep "track" of blood counts . . . Anything you give will count $15.50
Help Sister clean her test tubes with a filter pump $5.00

Thuruthipuram, India

Unbreakable plastic dishes needed for hospital trays. Cups and saucers, plates, large and small, bowls, etc.
1 dozen ..... $4.75 and up
1—9" Army pattern Plastic shears . $25.00

Techiman, Gold Coast

A new mission in the making . . . Sr. M. Laetitia writes "We'll take anything offered? Donations from 1c up welcome.

Here is $ .... for your mission hospitals.

for
( ) RAWALPINDI
( ) MANDAR
( ) BEREKUM
( ) DELHI
( ) DACCA
( ) KARACHI
( ) BERENUM
( ) THURUTHIPURAM
( ) MYMENSINGH
( ) TECHIMAN
( ) BHARANANGANAM
( ) CHETTIPUZA

Name .....

Address .....

City ..... Zone ..... State .....

CHRIST OUR PASCH

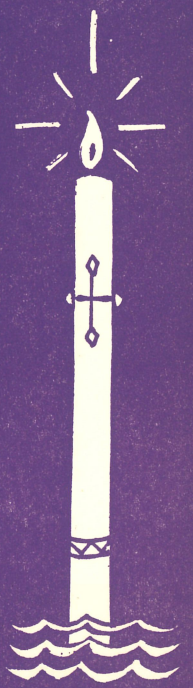
Christ Our pasch is immolated, alleluia! therefore let us feast in the unleavened bread of sincerity and truth. Alleluia, alleluia, alleluia.

(Communion: Easter Sunday)

LET us feast . . ." Feasting is the keynote of the Easter season. After a long Lenten fast of forty days, our Holy Mother Church now bids her children "to keep days of joy," to "come, eat my bread, and drink the wine which I have mingled for you".

What is our Easter-feast? Like the Jews in the Old Testament, we call it a "pasch" or a "passover." The word itself is a very good one because it indicates that our Easter-feasting is a token of the joy we feel in having "passed over" from one kind of life to another. Just as the Israelites of old ate the annual pasch to commemorate their passage out of Egypt into the Promised Land, so Christians have their annual Easter-feast which realizes in fact what the Jewish feast could only signify.

For Christ is our Pasch. He is our passage from this world into the world of the resurrection. By His Easter victory over Death, all Christians as members of His Body, "pass over" from the bondage of sin into the promised land of a new and risen life in Christ. Through Him, and with Him, and in Him, we already, here and now, taste the joys of the land "flowing with milk and honey," that promised land of eternal life.



But we must *come* to the Feast. We must *eat* our Pasch. Every day in the Eucharist the Church "sets forth her table" and invites us to come and eat this pure Bread, that ridding ourselves of the leaven of yesterday," we may live lives of sincerity and truth.

Ours is a daily paschal feast. And if we come and eat each time with increasing fervor and love, then every year our annual Easter-feast will find us further on in our passage from this mortal life into the risen life of Christ, into the world of the resurrection. Alleluia, alleluia, alleluia!

Sr. M. Gerard, M. A.

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(Pierre Charles, S. J.)

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